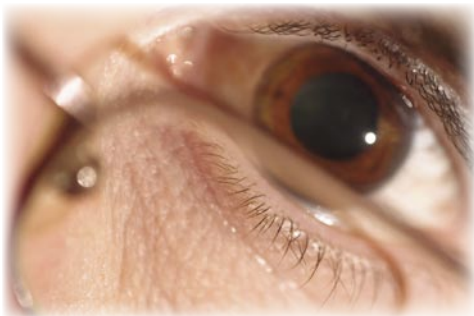


The benefit described in this brochure is part of a comprehensive set of preventive services and screenings covered by Medicare. This brochure provides a basic overview of Medicare's glaucoma screening benefit.

OVERVIEW

Glaucoma is the second most common cause of blindness in the United States, affecting about 2.2 million Americans.^{1,2} Glaucoma represents a family of diseases commonly associated with optic nerve damage and visual field changes (a narrowing of the eyes' usual scope of vision). The disease often progresses silently (with no symptoms). Because of this silent progression, it is estimated that up to one-half of the approximately 2.2 million Americans with glaucoma may not know they have the disease.²



The eye is a closed structure; if the drainage area for the aqueous humor (called the drainage angle) is blocked, excess fluid cannot flow out of the eye. Fluid pressure within the eye increases, pushing against the optic nerve and causing damage. When damage to the optic nerve fibers occurs, blind spots develop. These blind spots usually go undetected until the optic nerve is significantly damaged. If the entire nerve is destroyed, blindness results. Fortunately, if diagnosed and treated early, vision loss from glaucoma can be slowed or halted.

¹FDA News. 2001. *FDA Approves Two New Intraocular Pressure Lowering Drugs for the Management of Glaucoma* [online]. U.S. Food and Drug Administration, 2001 [cited 3 March 2005]. Available from the World Wide Web: (www.fda.gov/bbs/topics/NEWS/2001/NEW00757.html).

²Prevent Blindness America. 2004. *Frequently Asked Questions About Glaucoma* [online]. Schaumburg, IL: Prevent Blindness America, 2004 [cited 1 October 2004]. Available from the World Wide Web: (www.preventblindness.org/eye_problems/glaucoma_faqs.html).

A glaucoma screening is defined to include:

- A dilated eye examination with an Intraocular Pressure (IOP) measurement
- AND
- A direct ophthalmoscopy examination or a slit-lamp biomicroscopic examination

In the past, it was thought that a high IOP measurement indicated glaucoma, and an IOP measurement using non-contact tonometry (more commonly known as the "air puff test") alone was commonly used to diagnose glaucoma. Health care professionals now know that glaucoma can be present with or without high IOP, which makes the examination of the eye and optic nerve (along with the IOP measurement) a critical part of the glaucoma screening.



RISK FACTORS

Anyone may develop glaucoma; however, Medicare provides coverage for beneficiaries in the following high risk groups:

- Individuals with diabetes mellitus
- Individuals with a family history of glaucoma
- African-Americans age 50 and over
- Hispanic-Americans age 65 and over

It is of special importance for African-Americans, Hispanic-Americans over 65, and those with diabetes to receive glaucoma screenings. According to the National Eye Institute (NEI), an African-American aged 45 – 64 is 15 times more likely to go blind from glaucoma than a Caucasian from the same age group.³

Adults with diabetes are nearly twice as likely to develop glaucoma than other adults, and the longer a person has had diabetes, the more likely he or she is to develop glaucoma.³

³The National Eye Institute. October 2004. *Don't Lose Sight of Glaucoma* [online]. Bethesda, MD: The National Eye Institute, The National Institutes of Health, The U.S. Department of Health and Human Services, 2004 [cited 1 October 2004]. Available from the World Wide Web: (www.nei.nih.gov/health/glaucoma/glaucoma_risk.asp).

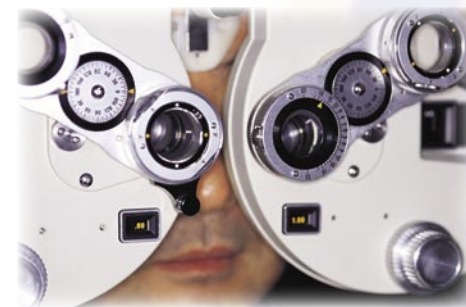
COVERAGE INFORMATION

Medicare coverage of glaucoma screening was implemented with the Benefits Improvement and Protection Act of 2000 (BIPA). This coverage took effect on January 1, 2002.

Medicare pays for glaucoma screening annually (i.e., at least 11 months have passed following the month in which the last Medicare-covered glaucoma screening examination was performed) for eligible beneficiaries in at least one of the high risk groups identified previously in this brochure.

Coverage of glaucoma screening is provided as a Medicare Part B benefit. The coinsurance or copayment applies after the yearly Medicare Part B deductible has been met.

Medicare will pay for glaucoma screening examinations when they are furnished by or performed under the direct supervision in the office setting of an optometrist or ophthalmologist, legally authorized to perform the services under State law.



DOCUMENTATION

Medical record documentation must support that the beneficiary is a member of one of the high risk groups previously discussed. The documentation must also support that the appropriate screening (i.e., either a dilated eye examination with IOP measurement *and* a direct ophthalmoscopic examination OR a slit-lamp biomicroscopic examination) was performed.

FOR MORE INFORMATION

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of all Medicare preventive benefits.

You can learn more about coverage, billing, coding, and reimbursement of Medicare's preventive services and screenings at www.cms.hhs.gov/MLNGenInfo on the CMS website, or you may obtain a copy of *The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals* from the Medicare Learning Network.

MEDICARE LEARNING NETWORK (MLN)

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's Medlearn web page at www.cms.hhs.gov/MLNGenInfo on the CMS website.

FOR BENEFICIARY-RELATED INFORMATION

The official U.S. Government website for people with Medicare is located on the web at www.medicare.gov, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This brochure was prepared as a service to the public and is not intended to grant rights or impose obligations. This brochure may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



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Glaucoma Screening

